

Commonwealth of Kentucky Public Service Commission

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: CenturyLink Public Communications, Inc

Physical Address of Principal Office: Street: 100 CenturyLink Drive
 City: Monroe State: LA Zip: 71203

Primary Contact: Name: Jennifer Roubique Title: Lead Analyst
 Phone: 318-330-6129 Fax: 318-340-5381
 E-Mail: jennifer.roubique@centurylink.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Jennifer Roubique</u> Title: <u>Lead Analyst</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: _____ Fax: _____

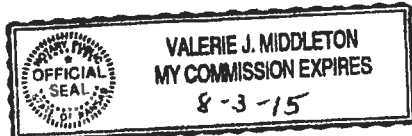
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Paul Cooper, on behalf of CenturyLink Public Communications, Inc do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 18 day of February, 2015.

UTILITY: CenturyLink Public Communications, Inc

BY: *Paul Cooper*

STATE OF Kansas
 COUNTY OF Johnson

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 18 day of February, 2015.



Valerie Middleton
 NOTARY PUBLIC

